

Table 1 (part 2)

## BW Agents - Vaccine, Therapeutics, and Prophylaxis

| DISEASE                     | VACCINE  | CHEMOTHERAPY (Rx)  | CHEMOPROPHYLAXIS (Px)  | COMMENTS  |
|-----------------------------|--|--|--|---|
| Tularemia                   | IND - Live attenuated vaccine: single 0.1ml dose by scarification  | Streptomycin 7.5-10 mg/kg IM bid x 10-14 d   | Doxycycline 100 mg PO bid x 14 d   |   |
|                             |  | Gentamicin 3-5 mg/kg/d IV x 10-14 d  | Tetracycline 500 mg PO qid x 14 d  |   |
|                             |  | Ciprofloxacin 400 mg IV q 12h until improved, then 500 mg PO q 12 h for total of 10 - 14 d                       | Ciprofloxacin 500 mg PO q 12 h for 14 d  |   |
|                             |  | Ciprofloxacin 750 mg PO q 12 h for 10 - 14 d   |  |   |
| Viral encephalitides        | VEE DOD TC-83 live attenuated vaccine (IND): 0.5 mL SC x1 dose<br><br>VEE DOD C-84 (formalin inactivated TC-83) (IND): 0.5 mL SC for up to 3 doses<br>EEE inactivated (IND): 0.5 mL SC at 0 & 28 d<br>WEE inactivated (IND): 0.5 mL SC at 0, 7, and 28 d | Supportive therapy: analgesics and anticonvulsants prn   | NA   | TC-83 reactogenic in 20%<br>No seroconversion in 20%<br>Only effective against subtypes 1A, 1B, and 1C<br><br>C-84 vaccine used for non-responders to TC-83<br><br>EEE and WEE inactivated vaccines are poorly immunogenic. Multiple immunizations are required |
|                             |  |  |  |   |
|                             |  |  |  |   |
|                             |  |  |  |   |
| Viral Hemorrhagic Fevers    | AHF Candid #1 vaccine (x-protection for BHF) (IND)<br><br>RVF inactivated vaccine (IND)  | Ribavirin (CCHF/Lassa) (IND) 30 mg/kg IV initial dose; then 16 mg/kg IV q 6 h x 4 d; then 8 mg/kg IV q 8 h x 6 d | NA   | Aggressive supportive care and management of hypotension very important   |
|                             |  | Passive antibody for AHF, BHF, Lassa fever, and CCHF   |  |   |
| Smallpox                    | Wyeth calf lymph vaccinia vaccine (licensed): 1 dose by scarification  | No current Rx other than supportive; Cidofovir (effective in vitro); animal studies ongoing                      | Vaccinia immune globulin 0.6 mL/kg IM (within 3 d of exposure, best within 24 h) | Pre and post exposure vaccination recommended if > 3 years since last vaccine   |
| Botulism                    | DOD pentavalent toxoid for serotypes A - E (IND): 0.5 ml deep SC @ 0, 2 & 12 wk, then yearly boosters  | DOD heptavalent equine despeciated antitoxin for serotypes A-G (IND): 1 vial (10 mL) IV                          | NA   | Skin test for hypersensitivity before equine antitoxin administration   |
|                             |  | CDC trivalent equine antitoxin for serotypes A, B, E (licensed)  | NA   |   |
| Staphylococcs Enterotoxin B | No vaccine available   | Ventilatory support for inhalation exposure  | NA   |   |
| Ricin                       | No vaccine available   | Inhalation: supportive therapy G-I : gastric lavage, superactivated charcoal, cathartics                         | NA   |   |
| T-2 Mycotoxins              | No vaccine available   |  | Decontamination of clothing and skin   |   |

Source: USAMRIID's Medical Management of Biological Casualties Handbook, Fourth Edition, Feb 2001, U.S. Army Medical Research Institute of Infectious Diseases, Fort Detrick MD